

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for therapeutic procedures for dates of service April 2, 2001 through April 18, 2001.
- b. The request was received on April 1, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. No response has been received.
3. The request for additional documentation was faxed to the requestor on July 8, 2002, this is confirmed by the confirmation sheet. The requestor did not submit any additional documentation relative to the dispute; therefore, the respondent has not filed a response.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor has not responded to the request for additional documentation.
2. Respondent: No response received.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on April 2, 2001 and extending through April 18, 2001. Dates of service March 27, 2001 through March 30, 2001 are outside the 365 days

allowed to file a timely dispute and therefore not within Medical Dispute Resolutions jurisdiction.

2. Total amount billed by the requestor for the eligible dates of service was \$3,270.00, a total of \$729.11 was paid by the respondent leaving \$2,540.89 in dispute.
3. The therapeutic procedures performed on dates of service April 2, 2001 through April 18, 2001 cannot be confirmed as daily or clinical notes were not provided; therefore, additional reimbursement is not recommended.

The above Findings and Decision are hereby issued this 19th day of December 2002.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division